

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042410

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 141Primary Registration District No. 30215Registrar's No. 202

FILED DEC 10 1962

1. PLACE OF DEATH

a. COUNTY Howellb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN West PlainsLength of stay in 1b  
3 Daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Memorial HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Howellc. CITY  
OR  
TOWN Willow SpringsInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS Gen. DeliveryReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
WILLIAMMiddle  
EDWINLast  
ARMSTRONG4. DATE  
OF  
DEATHMonth Day Year  
Dec. 3, 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7/23/86

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months 4Days 10

IF UNDER 24 HR

Hours  Min. 

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Insurance Agent

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Gasconade Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John R. Armstrong

13b. MOTHER'S MAIDEN NAME

Eugenia Bridges

14. NAME OF HUSBAND OR WIFE

Deceased15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Edwin Armstrong, West Plains, Mo.18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral HemorrhageINTERVAL BETWEEN  
ONSET AND DEATH3 daysConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Hypertension5 yrs.

DUE TO (c)

Arteriosclerosis10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-15-62 to 12/3/62 and last saw her alive on 12-3-62  
Death occurred at 7:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated:

22a. SIGNATURE

C.F. Callihan, M.D.

22b. ADDRESS

West Plains, Mo.

22c. DATE SIGNED

12/4/6223a. BURIAL, CREMATION,  
REMOVAL (Specify)Burial

23b. DATE

12/5/62

23c. NAME OF CEMETERY OR CREMATORY

City

23d. LOCATION (City, town, or county)

Willow Springs, Mo.

24. FUNERAL DIRECTOR

Burns

ADDRESS

Willow Springs Mo

25. DATE RECD. BY LOCAL REG.

12-8-62

26. REGISTRAR'S SIGNATURE

Beatrice Cook

(License Embelmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/5964656460

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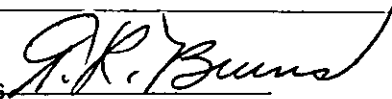
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125-0131-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_ T. R. Burns 

Licensed Embalmer No. 4214

P. O. Address Willow Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.